

Office of Community Health Systems Volunteer Retired Providers Program P.O. Box 47853 Olympia, WA 98504-7853

Fax: 360-236-2830

Volunteer and Retired Providers Program Site Application

Before malpractice insurance can be provided to your volunteers, the following documentation concerning the clinic is necessary to ensure that your clinic meets the requirements of the law. Contact the VRP Program at (360) 236-2812 or by email at VRPProgram@doh.wa.gov with questions.

City State Zip Code Email Phone 1. Choose one of the following (include supportive documentation with your application): The community clinic is a public entity or a private tax exempt corporation. Please provide documentation to show tax-exempt status. Documentation may include current policies or procedures, or statements from the Internal Revenue Service showing tax-exempt status. Or The community clinic is a for-profit corporation meeting one of the following criteria:	Clinic Name				
Email Phone 1. Choose one of the following (include supportive documentation with your application): The community clinic is a public entity or a private tax exempt corporation. Please provide documentation to show tax-exempt status. Documentation may include current policies or procedures, or statements from the Internal Revenue Service showing tax-exempt status. Or The community clinic is a for-profit corporation meeting one of the following criteria:	Address				
 Choose one of the following (include supportive documentation with your application): The community clinic is a public entity or a private tax exempt corporation. Please provided documentation to show tax-exempt status. Documentation may include current policies or procedures, or statements from the Internal Revenue Service showing tax-exempt status. Or The community clinic is a for-profit corporation meeting one of the following criteria: 	City		State		Zip Code
 The community clinic is a public entity or a private tax exempt corporation. Please provided documentation to show tax-exempt status. Documentation may include current policies or procedures, or statements from the Internal Revenue Service showing tax-exempt status. Or The community clinic is a for-profit corporation meeting one of the following criteria: 	Email			Phone	
 The clinic holds itself out to the public as having established hours on a regular basis for providing free health care services to members of the public, meaning that care is provided without compensation or expectation of compensation during these established hours. Documentation may include current policies or procedures, examples of advertisements of fliers announcing hours, and should be accompanied by a description of where established hours are posted. The clinic maintains and holds itself out to the public as providing health care services to Medicaid patients with a posted sliding fee schedule. Sites need to assure that patients below 100% of the Federal Poverty Level (FPL) pay a very nominal fee (or no fee) and that patients between 100-200% of the FPL are discounted. Documentation may include current policies or procedures, an example of the sliding fee schedule, and should be accompanied by a brief description of where the sliding fee schedule is posted and/or how many patients apply for discounted health care. The clinic is participating (through a written agreement) in a community-based program to 	The communation of the community of the	munity clinic is a public entity tation to show tax-exempt status. es, or statements from the Internative clinic is a for-profit corporation holds itself out to the public as home free health care services to memorphensation or expectation of commentation may include current parannouncing hours, and should be are posted. maintains and holds itself out to patients with a posted sliding fee the Federal Poverty Level (FPL) parannouncing may include current parannouncing hours, and should be accompandated is posted and/or how many is participating (through a writter	or a private Documenta Revenue In meeting on Daving estable Description Dicies or proper accompanion Officies or proper acco	e tax exertation may Service shape of the folished how public, mental during the ocedures, nied by a consistes need to common a feed to common	inpt corporation. Please provided include current policies or howing tax-exempt status. following criteria: urs on a regular basis for eaning that care is provided ese established hours. examples of advertisements or description of where established in the assure that patients below the (or no fee) and that patients. an example of the sliding iption of where the sliding fee counted health care. Inmunity-based program to
provide access to health care services for uninsured patients, to the extent that care is provide without compensation or expectation of compensation to individuals who have been referred f care through that community-based program, and the health care provider's participation in th community-based program is conditioned upon his/her agreement to provide health services without expectation of compensation. - Documentation may include current policies and procedures, a sample provider agreeme	provide ac without co care throu communit without ex	ccess to health care services for ompensation or expectation of cough that community-based prograty-based program is conditioned expectation of compensation.	uninsured pompensation am, and the upon his/he	patients, to n to individ health car r agreeme	the extent that care is provided uals who have been referred for re provider's participation in the ent to provide health services

DOH 346-080 June 2016 Page 1 of 2

and must include a copy of the written agreement with the community-based program.

2.	Please describe how health care services are offered to low-income patients regardless of their ability to pay. A sliding fee scale is an example of consideration of a patient's ability to pay.				
3.	How does the clinic assure continuity of care for patients? Please describe mechanisms in place at the clinic which assure continuity of care. Record systems are an example of mechanisms to assure continuity.				
4.	Please describe the clinic's arrangements for after hour's coverage either to provide care or refer patients.				
5.	Please describe the clinic's referral system to assure the patient access to necessary care beyond the non-invasive care given by the volunteer retired provider.				
6.	Please verify that the current provider(s) participating in this program does not receive compensation for services provided. Please provide the name of the provider(s).				
Nar	ne of Individual Completing this form (please print)				
Title		Phone (enter 10 digit #)			
Em	ail				
Sigi	nature	Date			

Please return this form to the address list on page one.

DOH 346-080 June 2016 Page 2 of 2